



THE COMMONWEALTH OF MASSACHUSETTS
Division of Occupational Safety
19 Staniford Street, 1st Floor
Boston, MA 02114
Phone: 617-626-6960
Fax: 617-626-6965
Homepage: www.mass.gov/dos

APPLICATION FOR CERTIFICATION AS AN
ASBESTOS INSPECTOR

(In accordance with the provisions of
M.G.L. c. 149, § 6-6F and 453 CMR 6.07)

FOR DOS USE ONLY

☐ Initial Application

☐ Renewal Application

☐ Duplicate Application

Certification # _____

Issue Date _____

Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

1. APPLICANT INFORMATION

Name _____ Social Security # _____ Date of Birth _____

Residence (Street) _____ Tel # (____) _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

2. EMPLOYMENT EXPERIENCE

Document a minimum of six months experience in an occupation comparable to that of asbestos inspection; or two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner, as prescribed in 453 CMR 6.07(2)(a)1. Attach separate sheet(s) or a detailed resume, if necessary.

Name and address of employer _____ Tel # (____) _____

Current Position/Title _____

Duties and Responsibilities: _____

Dates employed: From _____ to _____

Supervisor's name and position/title _____

If claiming two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner; please include the name(s), Massachusetts certification number(s), and the expiration date(s) of the individual(s).

3. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- a. A form of photo identification acceptable to DOS that positively establishes the identity and age of the applicant.
- b. Original Asbestos training certificates, and legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(d), and/or 453 CMR 6.10(5).
Original training certificates will be returned after review of the application.
- c. A high school diploma or it's equivalent.
- d. Document a minimum of six months experience in an occupation comparable to that of asbestos inspection; or two months field experience under the direct supervision of a certified Asbestos Inspector or Management Planner, as prescribed in 453 CMR 6.07(2)(a)1.
- e. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- f. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$625.00.** A person applying for certification as an Asbestos Inspector and as an Asbestos Management Planner at the same time need pay only one \$625.00 fee. If the Commissioner denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

4. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, do hereby state, under the pains and penalties of perjury, that I have paid all tax
(PRINT NAME)
obligations current and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:

MONDAY - WALK IN SERVICE	19 Staniford Street, 1 st Floor, Boston, MA 02114 617-626-6960 [Enter thru Unemployment Assistance Entrance]
TUESDAY - WALK IN SERVICE	165 Liberty Street, Springfield, MA 01102 413-781-2676
WEDNESDAY - WALK IN SERVICE	4 Summer Street, Room 212, Haverhill, MA 01830 978-372-9797
WEDNESDAY - BY APPOINTMENT ONLY	167 Lyman Street, Westboro, MA 01581 508-616-0461
THURSDAY - WALK IN SERVICE	1213 Purchase Street, New Bedford, MA 02740 [Enter thru Maxfield St] 508-984-7718
FRIDAY - BY APPOINTMENT ONLY	1001 Watertown Street, 2 nd Floor, West Newton, MA 02465-2148 617-969-7177